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No. 2
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1 X2762

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13435

State File No. _____

MAY 15 1940

3637

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether
In this community 16 Years
years, months or days)

3. (a) PRINT FULL NAME William Thomison 525

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Willie Thomison 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 21, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 0 0 hr. min.

9. Birthplace Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Attendant 9

11. Industry or business Parking Lot

12. Name Unknown Thomison 9

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant George Sinclair

(b) Address 4519a St. Louis Ave.

17. (a) Burial (b) Date thereof 4-23-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Arthur J. Honnelly

(b) Address 3840 Lindell Blvd.

19. (a) APR 22 1940 (b) J. F. Ford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. Rear 1811 Delmar Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21,
year 1940 hour 12:50 minute A. M.

21. I hereby certify that I attended the deceased from April
19, 1940, to April 21, 1940;
that I last saw him alive on April 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral thrombosis 2 days

Due to _____

Due to _____

Other conditions Epilepsy years
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Walter Ford (M. D. or other) _____

Address 1515 Lafayette Date 4/22/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Stanley Marshall

Licensed Embalmer No. *2868*

P. O. Address *3840 Lindell Bl*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.